

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

WHITE PERMIT, WITH UPDATING INK—THIS IS A PERMANENT RECORD

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County Registration District No. **791**
Township Primary Registration District No. **1003**
City **St. Louis MO** (No. **6162 Bates st**)

File No. **26895**
Registered No. **7127**
St. Ward

2. FULL NAME

(a) Residence, No. **6162 Bates st** St. **15** Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Female** 4. COLOR OR RACE **white** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Widowed**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Wm Wehking**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Nov 7/1873**

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. min.
60 8 10

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **House wife**

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Ill.**

13. NAME **Bernard Werner**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Germany**

15. MAIDEN NAME **Frankmaier**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Germany**

17. INFORMANT (ADDRESS) **Henry G. Wehking 6162 Bates st**

18. BURIAL, CREMATION, OR REMOVAL PLACE **New St. Marcus** DATE **July 20 1934**

19. UNDERTAKER (ADDRESS) **Frederick Bros 2623 Cherokee**

20. FILED **20 14 19** **Joe J. Bredeck** Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **July 17 1934**

22. I HEREBY CERTIFY That I attended deceased from **July 14 1934** to **July 17 1934**

I last saw him alive on **July 17 1934** Death is said to have occurred on the date stated above, at **4:30** p. m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Chronic myocarditis chronic 73 127B 73 127B

Other contributory causes of importance:

Acute cholecystitis 7/14/34 (not known as to whether there were gall-stones)

Name of operation

What test confirmed diagnosis? **Urinal** Was there an autopsy? **Yes**

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Date of injury

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? **No**

If so, specify

(Signed) **J. E. Whipple** M. D.

(Address) **7702 Arroyo**

Roy C. Driggs